

NOV 28 2005

K052401 1/2

Section 5

510(k) SUMMARY

Statement

Information supporting claims of substantial equivalence, as defined under the Federal Food, Drug, and Cosmetic Act, respecting safety and effectiveness is summarized below. For the convenience of the Reviewer, this summary is formatted in accordance with the Agency's final rule "... 510(k) Summaries and 510(k) Statements ..." (21 CFR 807) and can be used to provide a substantial equivalence summary to anyone requesting it from the Agency.

MODIFIED DEVICE NAME:

GYNECARE TVT SECUR* System

PREDICATE DEVICE NAME:

GYNECARE TVT System and GYNECARE TVT Obturator System

Device Description

The GYNECARE TVT SECUR* device is a sterile, single patient use device, consisting of one piece of undyed or blue (Phtalocyanine blue, Color index Number 74160) PROLENE* polypropylene mesh (tape) approximately 1.1cm x 8.0cm (approximately 1/2 x 4 inches). The ends of the device will be sandwiched between pieces of fleece made of polyglactin 910/polydioxanone coated with polydioxanone film. The coated ends are added to facilitate passage (stiffens the ends) and placement (tactile feel for the surgeon) of the mesh implant. Two curved, stainless steel, single use introducers are used to deliver the implant. The introducers are supplied fixed to the implant via a wire through the coated ends and inserters. TVT SECUR is designed to accommodate two surgical techniques: the "Hammock approach" and the "U approach". The GYNECARE TVT Universal System is a less invasive 'exit less' device which will enable the physician to perform a suburethral sling procedure placing the mesh under the mid urethra without either the delivery device or the implant exiting the skin.

GYNECARE TVT SECUR System
GYNECARE, a division of ETHICON, Inc.

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Intended Use A pubourethral sling for treatment of stress urinary incontinence (SUI), for female urinary incontinence resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

Indications Statement GYNECARE TVT SECUR* is indicated for the treatment of stress urinary incontinence (SUI), for female urinary incontinence resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

Technological Characteristics The modified device has the same technological characteristics as the predicate device. The form, fit, function and method of operation are similar.

Performance Data Results of verification testing indicates that the product meets the established performance requirements.

Conclusion Based upon the 510(k) summaries and 510(k) statements (21 CFR 807) and the information provided herein, we conclude that the subject device is substantially equivalent to the predicate devices under the Federal Food, Drug and Cosmetic Act.

Contact Patricia M. Hojnoski, M.S.
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Date August 30, 2005



NOV 28 2005

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Patricia M. Hojnoski, M.S.
Senior Project Manager, Regulatory Affairs
Gynecare, A Division of Ethicon, Inc.
P.O. Box 151, US Route 22 West
Somerville, New Jersey 08876

Re: K052401

Trade/Device Name: GYNECARE TVT SECUR* System
Regulation Number: 21 CFR 878.3300
Regulation Name: Surgical mesh
Regulatory Class: II
Product Code: FTL
Dated: October 25, 2005
Received: November 17, 2005

Dear Ms. Hojnoski:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson", with a stylized flourish at the end.

Mark N. Melkerson
Acting Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

K052401

INDICATIONS FOR USE

510(k) Number (if known): _____

Device Name: GYNECARE TVT SECUR* System

Indications for Use: The GYNECARE TVT SECUR* device is intended for use in women as a sub-urethral sling for the treatment of stress urinary incontinence (SUI) resulting from urethral hypermobility and/or intrinsic sphincter deficiency.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use _____
(21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

Barbara Buchwald
(Division Sign-Off)
Division of General, Restorative,
and Neurological Devices

510(k) Number K05 2401

GYNECARE TVT SECUR System
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